

Qty Purchase Agreement QPA Number	Page
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Requisition Nbr.: ARBOVIRUS TEST KITS	
Effective Date: 04/01/2008	
Expiration Date: 03/31/2011	
Agency Number:	
Facility: ASA7-7-62	
Vendor ID: 0000020596	
Vendor Telephone Nbr: 714-822-2332	
Name Of Contact Pers: GEORGIA MARTINEZ	
FAX Number: 714-821-4353	

Name and Address of Vendor: FOCUS DIAGNOSTICS
Cnctc: GEORGIA MARTINEZ
11331 VALLEY VIEW ST
CYPRESS CA 90630

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement.

Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

Line Number	Quantity	UNIT	Article and Description	Unit Price
<p>This is an award of a Quantity Purchase Agreement for Arbovirus Tests specifically for the Indiana State Department of Health.</p> <p>QPA can be mutually renewed yearly for three additional years.</p> <p>The vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration date, but issued prior to the expiration date, and postmarked no later than 14 business days after the QPA's expiration date.</p> <p>Quantities are estimates and could be more or less.</p> <p>Transportation charges to be pre-paid by vendor and added to invoice. A copy of the freight bill showing shipment has been pre-paid must accompany vendor's invoice.</p> <p>Delivery - As required</p> <p>The awarded vendor must maintain, at a minimum the information listed below in excel format and supplied to the State within one week of the request.</p> <p>The report must include purchases from State Agencies and any Political Subdivision's purchases.</p> <p>* Entity Name * Entity Address * Date of Order * Purchase Order Number * Description of Goods Ordered * Quantity * Order Total</p>				
1	99,999,999.00	KT	000000000100002412 Kit,Test,Arbovirus,1gG,IFA	520.0000
2	99,999,999.00	KT	000000000100002413 Kit,Test,Arbovirus,IgM,IFA	520.0000
3	99,999,999.00	EA	000000000100028173 Shipping charges for Test Kits	25.0000
<p>The following UN/CEFACT Unit of Measure Common Codes are used in this document:</p> <p>EA Each KT Kit</p>				

Signature of Purchasing Officer	Typed Name	Signature Of Approval Office Of the State Attorney General	
	Date Signed	Typed Name	Date Signed
Authorized Signature	Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis, Indiana 46204 Telephone: (317) 232-3150		